

REQUEST FOR OUTSTATE REVIEW/HEARING
(SEND THIS REQUEST ALONG WITH NOTARIZED DOCUMENTATION OF SOBRIETY AND
ALCOHOL EVALUATION)

Return to: **Driver License Appeal Division**
 PO Box 30196
 Lansing, Michigan 48909-7696
 or Fax (517) 335-2190

NAME_____ **LICENSE NO**_____

ADDRESS_____ **DAYTIME**
PHONE#_____

OPTION I

- G** I will attend a hearing in Michigan regarding the restoration of my driving privileges. You will be notified by this office of the scheduled date, time and location.

OPTION II

- G** I am requesting an administrative review be held and am enclosing the notarized documents you have requested. I understand I will be mailed a copy of your decision after the hearing has been held. This administrative review shall be on the written proofs submitted by the petitioner and the administrative review is not recorded. (Rule 257.310(11))

Date_____ Signature_____



How to prepare for a Driver License Appeal hearing for out-State residents:

If your license has been revoked/denied for multiple substance abuse convictions or for negligent homicide, murder, or manslaughter involving the use of a motor vehicle and the minimum one-year or five-year revocation period is over, you are eligible to request a hearing to consider whether your driving privilege should be reinstated.

A) If you are appealing a license suspension/revocation or restriction based on a conviction where **ALCOHOL WAS NOT A FACTOR**, please submit the following information:

1. A personal statement detailing your life events since the convictions.
2. At least two affidavits from members of your community attesting to your personal character.
3. Certified copy of driving record in the State of your residence verifying no tickets or citations.

B) If you are appealing a revocation based upon **ALCOHOL CONVICTIONS**, all of the following are required:

1. **SUBSTANCE ABUSE EVALUATION**

You must obtain and submit a completed substance abuse evaluation using the enclosed form. The evaluation should be current to within three months of submission.

2. **ADDITIONAL DOCUMENTATION OF SOBRIETY
(BY WAY OF AFFIDAVITS)**

You must obtain documentation of sobriety in the form of notarized affidavits from three to four people in your community who have frequent contact with you and may know something about your drinking habits and/or use of controlled substances. This would include immediate family members, other relatives, employers, friends, pastors, local police, a recognized support group such as Alcoholics Anonymous or Narcotics Anonymous, neighbors or others with whom you associate. The letters should be **signed, dated and notarized** and contain **at least** the following information about you, the petitioner:

- ! How often do you see the petitioner?
- ! What is your relationship to the petitioner?
- ! How long have you known the petitioner?
- ! How often do you see or did you see the petitioner drink or use drugs?
- ! How much do/did you see the petitioner drink or consume at a time?
- ! When was the last time you saw the petitioner use alcohol or other drugs?
- ! In what activities does the petitioner participate involving alcohol?
- ! What is your knowledge of petitioner's involvement in treatment or a support group?
- ! Include other information you believe is important.

The affidavits/notarized statements should be current to within three months of submission.

3. **PETITIONER'S AFFIDAVIT**

Please find attached the Petitioner's Affidavit. Please complete, have notarized and return with the request for hearing. The affidavit should be current to within three months of submission.

GENERAL INFORMATION
OUT-OF-STATE PETITIONER'S AFFIDAVIT

Former Michigan Drivers License Number _____

Full Name Last	First	Middle		
Present Address - Street	City	State	Zip Code	County

A. Do you intend to re-establish residency in the State of Michigan? Q Yes or Q No

B. If so, when and where _____

*If you are planning to re-establish residency in Michigan in the immediate future, you should wait and request an in-person hearing upon your return.

C. Do you have a case pending against you in any court, in any state, for a violation of any traffic law or ordinance relating to the operation of a motor vehicle? Q Yes or Q No

D. How many times have you been convicted of an alcohol-related offense? (Including convictions for drunk or impaired driving) _____

E. Were you an operator in any alcohol-related collisions? _____ Describe: _____

F. Were you as an operator ever involved in any collision in which someone was killed or injured? _____
Describe: _____

G. Have you ever had your driver license suspended/denied/revoke? _____ Why: _____

ALCOHOL/DRUG EVALUATION

A. Attach a completed Substance Abuse Evaluation (DLAD-66).

B. Do you agree that the evaluation is accurate insofar as it describes your alcohol/drug use history and your current status? _____ If not why? _____

C. Do you have any corrections or additions to the evaluation? _____ (Attach documentation evaluation or treatment recommendation, if available.)

D. Are you refraining from drinking alcoholic beverages/using drugs? _____

1) When did you last drink alcohol? _____

2) When did you last use drugs? _____

3) Have you ever drank non-alcoholic beers? _____
If yes, when did you last have a non-alcoholic beer? _____

E. Have you submitted at least three notarized affidavits from persons with whom you have regular contact (at least twice weekly) who can attest to the fact that you have been abstinent for this period of time? _____

F. Are you attending a recognized alcohol or drug self-help program such as Alcoholics or Narcotics Anonymous? _____

Please specify the program: _____ 1)
When did you start attending this program? _____

2) For how long have you participated in this program? _____

3) How often do you attend? _____

4) Do you have a sponsor? _____

G. What changes can you point to in your life since you have become abstinent and (if applicable) have begun participation in a self-help program? _____

H. If you are not a member of an organized self-help program, do you have an informal support system upon which you may rely to help you maintain abstinence? _____

What is the nature of this support system? _____

DRINKING HISTORY

A. Describe your current (last 12 months) drinking/drug use pattern.

How often? How much per occasion? _____

B. If there has been a change in your drinking/drug use pattern since your last drunk driving, please explain why it has changed.

C. What is your intention as to the future use of alcohol/drugs? _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE STATEMENTS SET FORTH IN THIS DOCUMENT ARE TRUE AND CORRECT.

Signature

Date

State of ____-_____)

County of _____)

I, _____, do hereby certify that
_____, personally known to me to be the same person whose
name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed and
delivered the same instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this _____ day of _____, A.D. 20_____.

Notary Public

**INSTRUCTIONS TO THE PERSON EVALUATING THIS CLIENT
FOR SUBSTANCE ABUSE**

1. This client has or may have his/her driving privilege revoked or suspended for substance abuse convictions. The Department of State needs information to determine this client's current alcohol and/or drug use and prognosis of sobriety/drug-free living in the future to make a licensing determination. Please conduct an evaluation and complete the attached Substance Abuse Evaluation Form.
2. This client is responsible for paying for the evaluation. Please inform the client of his/her charge prior to proceeding.
3. Have the client sign the Authorization and Release section of this form.
4. Provide/mail the Substance Abuse Evaluation to the client. It is his/her responsibility to mail the completed form to the Driver License Appeal Division prior to the hearing.
5. If the client must be seen more than once before this form can be completed, you may wish to advise the client to request an adjournment of a DLAD hearing if already scheduled.
6. You may attach additional information if you wish.
7. If you have any questions about this form, you may contact Driver License Appeal Division at (517) 636-6400.

U NOTE: PLEASE KEEP COPIES OF YOUR LETTERS DOCUMENTING SOBRIETY AND EVALUATION AND SUBMIT THE ORIGINALS. COPIES WILL **NOT** BE MADE FOR YOU AT THE HEARING OR REEXAMINATION.

SUBMITTING THE REQUESTED DOCUMENTS DOES NOT NECESSARILY ENSURE RELICENSURE, OR CLEARANCE, HOWEVER, THIS INFORMATION WILL ASSIST THE HEARING OFFICER IN MAKING A DECISION.

SUBSTANCE ABUSE EVALUATION
for submission to
MICHIGAN DEPARTMENT OF STATE

Client Name:	Driver License Number:	Date of Birth:
Client Mailing Address:	City:	State:
		Zip Code:

Master Driving Record

Ask the client to disclose the history of OUIL/OUID/UBAL/OWI/Drug Convictions on his/her driving record. (It is not necessary that a driving record be obtained)		
Conviction Dates	Blood Alcohol Level or Drug Type, if known, at the time of arrest	Comments

Recommended Testing Instrument(s) (Indicate scores)

SALCE-ADE		COMPASS	
SASSI		MYERSBRIGGS	
MACH		DRI	
Other (specify instrument & scores):			

Client Substance Abuse Treatment History (Specify dates, program, city and outcome of treatment) [Attach treatment plan and discharge report]

Residential/Inpatient:
Detoxification:
Intensive Outpatient:
Outpatient/Counseling:
Do you administer random urinalysis?

Client Support Group History (Specify time period and frequency)

Time Period	Frequency	Type	Sponsor Y/N

Diagnostic Impression (DSM-IV) (Indicate clinical condition or problem and number of prior contacts and give facts supporting this diagnosis)

(Over)

Client Prognosis (Probability for abstinence or disuse and reasons for this opinion and last time used)

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Treatment Recommendation(s) (State reasons)

Relapse History

Analysis & Other Observations/Factors (Please complete)

AUTHORIZATION AND RELEASE

I authorize the Evaluator named below to furnish the information set forth on this form and to discuss the information contained therein with the Michigan Department of State. Give this form to client.		
Client's Name (Printed or Typed)	Signature:	Date:

CERTIFICATION OF EVALUATOR

In signing below I certify that all statements contained in this evaluation are true to the best of my knowledge and belief.					
Name (Printed or Typed):		Title:		Date:	
Signature:			Telephone Number:		
Program Name:			Program License Number:		
Address:		City:		State:	Zip Code: